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APPLICANTS

John Gavin MacDonald, Decatur, GA;
 Yanbin Huang, Roswell, GA;
 Kevin Peter McGrath, Alpharetta, GA;
 RameshBabu Boga, Roswell, GA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____			

ADDRESS

22827

TITLE

VISUAL INDICATING DEVICE FOR BAD BREATH

FILING FEE RECEIVED 1738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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